



Town of Whitestown
Department of Building and Planning
6210 Veterans Dr
Whitestown, Indiana 46075

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COMMERCIAL/INDUSTRIAL BUILDING: SWIMMING POOL PERMIT APPLICATION PACKET

This packet includes details for the documents needed to complete the application process for a swimming pool on a commercial or industrial building.

- Submit application and materials either by
 - **E-mail:** lbailey@whitestown.in.gov ----Please merge all documents and materials into one single PDF attachment in the order of the submittal checklist (Page 2).
 - **In person:** See Lauren Bailey in the Building and Planning Department at 6210 Veterans Dr. Whitestown, IN
 - **Mail:** Send application and materials to the Building and Planning Department at 6210 Veterans Dr. Whitestown, IN
- Applications whose plans are larger than 11"x17" must be submitted entirely in electronic format (email, CD, or jump drive).

A complete application includes:

- | | |
|-------------------------------------|--|
| • Application | • Sewer/Water Permit |
| • Drainage Permit | • Full State Commercial Design Release |
| • Boone County Health Dept Approval | • Site Plan |
| • Erosion Control Plan | • Construction Plans |
| • Inspection Estimate Form | • Multi-Permit/ Phased Project Organization Form |

SUBMITTAL CHECKLIST

_____ **Application:** Fill out all applicable fields completely.

_____ **Parcel Number:** Visit the Boone County GIS website www.boonecounty.in.gov for this 10-digit ID number. Click "GIS">"AGREE">Search by address or zoom in on the parcel to obtain the detailed information.

_____ **Proof of Sewer & Water Services:** Proof of proper billing accounts are set up for sewer/water service. Contact Whitestown Utilities, 6210 Veterans Dr. Whitestown, IN, 765.733.8584.

_____ **Drainage Permit:** Contact Boone County Surveyor, 116 W Washington St, Room 102, Lebanon, IN 46077, 317.483.4444.

_____ **Full State Construction Design Release:** Include fire suppression if applicable. Local Building Official (LBO) listed as Lauren Bailey, Town of Whitestown. Contact Indiana Department of Homeland Security, www.in.gov/dhs

_____ **Boone County Health Department Approval:** Contact Health Department (765) 483-4458.

_____ **Site Plans:** Drawn to scale, exactly where proposed structure is located.

_____ **Erosion Control Plan:** 11"x17" or 24"x36"

_____ **Construction Plans:** TWO hard copies floor plans and a complete cross-section of the proposed structure 11"x17" and TWO hard copies 24"x36"

_____ **Inspection Estimate Form:** Estimated quantity of needed inspections.

_____ **Multi-permit/Phased Project Organization Form:** ONLY if multiple permits will be pulled for a single project.

PERMIT FEES AND OTHER FEES

Fees are not paid until the permit has been issued and is ready for pick up.

SWIMMING POOL

\$450 base fee + applicable inspections:

- Temporary Electric.....\$125
- Footing or Slab/Foundation.....\$250
- Rough-in Electric.....\$250
- Rough-in Plumbing.....\$250
- Rough-in HVAC.....\$250
- Rough-in Framing.....\$250
- Final.....\$1,000

Failed inspections will be assessed a respective re-inspection fee and must be paid prior to the final inspection or issuance of the Certificate of Occupancy.

Beginning work without securing permits will be assessed a fine of **twice** the calculated permit fee. Fine must be paid before a permit will be issued.

- Questions about inspections or code requirements can be directed to the Whitestown Building Inspector at 317.769.0000

PERMIT APPLICATION

This application is being submitted for:

☐ Commercial/Industrial Swimming Pool

For office use only

Permit Number: _____

Permit Fee: _____ EDC Fee: _____

Park Impact

Fee _____

Date Application is Submitted:	Driveway Permit:	Drainage Permit #:	Sewer/Water Permit #:
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Applicant and Contact Information

Name of applicant:	
Address of applicant (street, city, state, zip):	
Contact person for the permit:	
Contact phone:	Contact email:

Contractor and Contact Information

Name of contractor:	
Address of contractor (street, city, state, zip):	
Contact person:	Contact phone:

Location Information

Address of location to be improved (street, city, state, zip):		
Subdivision:	Section #:	Lot #:
Parcel number:		
TOTAL structure area or area of work (sqft):		
Living area:	Garage area:	Other:
Approximate total construction cost:		

The undersigned represents that such work shall start within 90 days and will be completed without delay; that said improvements will be finished in a good workmanlike manner. Should said work not start in good faith within 90 days, the undersigned understand this application will be void and of no force or effect whatever. The above information, to my knowledge and belief, is true and correct:

Signature of Applicant: _____